

FILED

OCT 05 2007

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

SI

(PR)

Ivan Kilgore

Plaintiff,

vs.

J. Walker (Acting Warden)

Defendant.

CASE NO.

07 5124
PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, Ivan Kilgore, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

PRIS. APPLIC. TO PROC. IN FORMA

PAUPERIS, Case No. _____

and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

SELF EMPLOYED

2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- a. Business, Profession or self employment Yes ☐ No ☒
- b. Income from stocks, bonds, or royalties? Yes ☐ No ☒
- c. Rent payments? Yes ☐ No ☒
- d. Pensions, annuities, or life insurance payments? Yes ☐ No ☒
- e. Federal or State welfare payments, Social Security or other government source? Yes ☐ No ☒

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

3. Are you married? Yes ☐ No ☒

Spouse's Full Name: _____

Spouse's Place of Employment: _____

Spouse's Monthly Salary, Wages or Income:

Gross \$ _____ Net \$ _____

4. a. List amount you contribute to your spouse's support : \$ _____

b. List the persons other than your spouse who are dependent upon you for support
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and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

5. Do you own or are you buying a home? Yes ___ No X

Estimated Market Value: \$_____ Amount of Mortgage: \$_____

6. Do you own an automobile? Yes ___ No X

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ___ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No X (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ___ No X Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No X

8. What are your monthly expenses?

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

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PAUPERIS, Case No. _____

1 COURT ORDERED RESTITUTION FROM ALAMEDA SUPERIOR COURT:\$13,500

2 _____
3 10. Does the complaint which you are seeking to file raise claims that have been presented in
4 other lawsuits? Yes ____ No X

5 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which
6 they were filed.
7 _____
8 _____

9 I consent to prison officials withdrawing from my trust account and paying to the court the
10 initial partial filing fee and all installment payments required by the court.

11 I declare under the penalty of perjury that the foregoing is true and correct and understand
12 that a false statement herein may result in the dismissal of my claims.

13
14 10-1-07

15 DATE

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28 *Ivan Rodriguez*

SIGNATURE OF APPLICANT

PRIS. APPLIC. TO PROC. IN FORMA

PAUPERIS, Case No. _____

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF THE STATE OF CALIFORNIA

Ivan Kilgore
Petitioner
vs.

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER

J. Walker (acting Warden)
Respondent(s)

CASE NUMBER:

I, Ivan Kilgore, declare that I am the petitioner in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the petition.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated: ☒ Yes ☐ No (If "No" DO NOT USE THIS FORM)

If "Yes" state the place of your incarceration. California State Prison-Sacramento

Have the institution fill out the Certificate portion of this application.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your pay.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer.

Self-Employed, 1500 dollars per month

3. In the past twelve months have you received any money from any of the following sources?

- | | | |
|---|------------------------------|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe by that item each source of money and state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount: _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

6. Do you have any other assets? ☐ Yes ☒ No

If "Yes" list the asset(s) and state the value of each asset listed.

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. § 1915(b)(2).

I declare under penalty of perjury that the above information is true and correct.

10-1-07
DATE

Wam Kelgore
SIGNATURE OF APPLICANT

CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 500- on account to his/her credit at CSP-SACRAMENTO (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$ 0. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ 0.



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY [Signature]
TRUST OFFICER

9-21-07
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA PRISON INDUSTRIES
INMATE TRUST ACCOUNTING
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD 01/01/2007 TO 09/30/2007

ACCOUNT NUMBER V11300 BEDNO. 10000000000000000000
INMATE NAME KILGORE, JEFF
INMATE GROUP B

TRUST ACCOUNT NUMBER

NO ACCOUNT ACTIVE - NO TRUST ACCOUNT

DEPOSIT RECORD IN TRUST

DATE	HOLD	DESCRIPTION	AMOUNT	CURRENT BALANCE
MM/DD/YY	CODE			
01/01/07	H100	COPIES HOLD	0.00	0.00
01/01/07	H100	COPIES HOLD	0.00	0.00
01/01/07	H100	COPIES HOLD	0.00	0.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	ACCT NO.	INMATE NAME
0.00	0.00	0.00	0.00	0.00	0.00

INMATE NAME
KILGORE, JEFF
INMATE GROUP B
0.00



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BY THIS OFFICE.
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY [Signature]
TRUST OFFICE